

Check List

Check List for Cover Letter

1. ☐ All managed care plans offered by the HMO, including each product's name and type
2. ☐ A chart indicating the populations served by the HMO and the Missouri counties in which the HMO is currently serving those populations

Check List for Written

1. ☐ A description of our health carrier's network, and, if applicable, completed affidavit
2. ☐ A description of procedures for making referrals within and outside our network
3. ☐ A description of our process for monitoring and assuring on an ongoing basis the sufficiency of our network to meet the health care needs of our enrollees in our managed care plan
4. ☐ A description of our method for assessing the health care needs of enrollees and their satisfaction with services
5. ☐ A description of our method of informing enrollees of the plan's services and features including but not limited to the plans grievance procedures, process for choosing and changing providers, procedures for providing and approving emergency and specialty care
6. ☐ A description of our method of ensuring the coordination and continuity of care for enrollees referred to specialty physicians, for enrollees using ancillary services (including social services and other community resources) and for ensuring appropriate discharge planning
7. ☐ A description of the process for enabling enrollees to change primary care physicians
8. ☐ A description of our plan for providing continuity of care in the event of contract termination between the health carrier and any of its participating providers, a reduction in service area or the health carrier's insolvency or other inability to continue operations. The description shall explain how enrollees would be notified should any of these events occur, and how enrollees would be transferred to other professionals in a timely manner
9. ☐ A written triage, treatment and transfer protocol for Emergency Medical Services
10. ☐ Home Health Providers Chart
11. ☐ Measures are in place for timely access to appointments with **all** providers in Exhibit A.
 - ☐ Routine care within 30 days
 - ☐ Routine care with symptoms within 1 week or 5 business days
 - ☐ Urgent care within 24 hours

- ☐ Emergency care available 24/7
 - ☐ Obstetrical care 1st, 2nd trimester within 1 week
 - ☐ Obstetrical care 3rd trimester within 3 days
 - ☐ Obstetrical care emergency available 24/7
 - ☐ Mental health care – same as all other providers and 24/7 telephone access to a licensed therapist
12. ☐ Demonstration or statement that our entire network is available to all enrollees along with a description of any network management practices that affect enrollees' access to all participating providers
13. ☐ Employer specific networks – demonstration that group contract holder agreed in writing to the different or reduced network
14. ☐ Listing of product names used to market the managed care plans
15. ☐ Written policies and procedures to assure that for providers not addressed in Exhibit A, access to provider for covered services is reasonable and without unreasonable delay
16. ☐ Information regarding network hospitals which utilize non-network service providers i.e. radiologists, anesthesiologists, pathologists, laboratories (or other hospital-based service providers) as follows:
- ☐ Names and addresses of participating facilities where this occurs
 - ☐ Identification of which specific hospital-based service providers are not contracted at that hospital
 - ☐ Method of payment for the non-network services and/or enrollee's financial obligation
 - ☐ Copy of disclosure provided to enrollees (including POS enrollees) regarding the hospital and the enrollee's possible financial obligation.

Check List for Provider Directories

1. ☐ Most recent copies of all Network Provider directories, including vision, behavioral health, pharmacy, chemical dependency and substance abuse directories, or any other directories produced by subcontractors
2. ☐ The provider directories provide names, addresses and telephone numbers for all participating providers
3. ☐ If additional information is included, does it comply with Missouri statutes and regulations?

Check List for Affidavit in lieu of data submission

1. ☐ Must fall into one of the following categories
 - ☐ Medicare + Choice
 - ☐ NCQA
 - ☐ JCAHO
 - ☐ URAC
 - ☐ OTHER
2. ☐ In effect on March 1, 2005, and accreditation date listed on affidavit
3. ☐ Approved (TD) form filed with the Missouri Department of Insurance for all policy affidavits? (Not applicable to Medicare + Choice)
4. ☐ Product name specified for the managed care plan?
5. ☐ Form number of the health benefit plan listed?
6. ☐ Affidavit signed and notarized?
7. ☐ Copy of accreditation certificate identifying our accredited entity